Defense Health Agency - Great Lakes DHA-GL Worksheet-06 Rev. 02/12/2016

SURGICAL PRE-AUTHORIZATION WORKSHEET

PRIVACY ACT STATEMENT

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by the Defense Health Agency Great Lakes and how it will be used.

AUTHORITY: 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program;

And E.O. 9397 (SSN), as amended.

PURPOSE: To collect information from Military Health System beneficiaries in order to

determine their eligibility for coverage under the TRICARE Program.

ROUTINE USES: Use and disclosure of your records outside of DoD may occur in accordance with 5

U.S.C. 552a (b) of the Privacy Act of 1974, as amended, which incorporates the

DoD Blanket Routine Uses published at:

http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and

healthcare operations.

DISCLOSURE: Voluntary; however, failure to provide information may result in the

denial of coverage.

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Instructions: Have the physician's office complete Section II below – Surgery Information – and return to Unit Administrator/Medical Representative in Section III – Unit POC. All blocks must be completed.

Section I Patient Data									
1. Branch of Service	e (√ one)	USAR	USNR	□ ι	JSMCR	USAFR	☐ ARNG	☐ ANG	USCGR
2. Name (last, first, MI):						or Grade:		4. SSN:	
Section II Surgery Information									
5. Date of Request (YYMMDD): 6. Date of Surgery (YYMMDD):									
7. Surgical Procedure Information:									
7a. ICD10 Code(s)	ICD10 Co	ode Descriptio	on (brief):						
7b. CPT and/or	CPT and	or HCPCS Co	ode Descriptio	n					
HCPCS Codes(s) (l			1						
Section III Unit Point of Contact Information 8a. Unit POC (Med Rep/Unit Administrator) Name:									
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8b. Unit POC Rank	and Title:	;							
8c. POC Phone Number (include area code):					8d. POC	Fax Number (in	nclude area co	ode):	